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ABSTRACT

Presented are proceedings of a conference designed to provide a statewide forum for the exploration of the issues of child abuse and neglect, to maximize interdisciplinary communication as well as communication between the professional and lay communities of Indiana concerned with child protection, and to develop strategies for future coordinated programing targeted to families at risk. Following an overview of the conference are summaries of the four opening session presentations on the Child Abuse and Neglect Coordinating Organization. A synopsis of the conference banquet is presented as well as a report on the early bird workshop titled "Treatment of Sexual Abuse." Outlines are given of conference workshops focusing on the following areas: comprehensive emergency services to children; legislation; Title XX impact on protective services; Parents Anonymous; and the roles of physicians/hospitals, public health professionals, court/law enforcement, mental health professionals, schools/preschools, and the volunteer. Also given are the text of Governor O. Bowen's state luncheon address and outlines of the regional planning sessions. (SBH)

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"Protecting the Hoosier Child"

Proceedings of

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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The Indiana Governor's Conference on Child Abuse and Neglect

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Proceedings of

The Indiana Governor's Conference on Child Abuse and Neglect

Indianapolis

June 12-13, 1977

Executive Advisory Committee

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Governor

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Commissioner
Indiana Board of Health

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OVERVIEW

The Indiana Governor's Conference on Child Abuse and Neglect held at the Marriott Inn, Indianapolis, on June 12-13, 1977 was attended by more than 600 persons. The Conference, the first such state wide meeting, brought together a wide diversity of Hoosier citizens representing physicians, hospitals, nurses, public health professionals, mental health professionals, public welfare personnel, schools, pre-schools, attorneys, judges, law enforcement personnel, as well as concerned lay persons in the Indiana community.

The two day meeting was tightly scheduled in order to create a learning/sharing environment which was stimulating and intense.

The Conference — "an idea whose time has come" — emerged from a blending of concerns from the Governor's office (through the efforts of Mrs. Otis R. Bowen, Indiana's First Lady), The Midwest Parent-Child Welfare Resource Center, The Education Commission of the States, Region V, Office of Child Development, Lilly Endowment, Incorporated, and the four involved Indiana State agencies — Board of Health, Department of Mental Health, Department of Public Instruction, and Department of Public Welfare.

Conference Goals included:

1. To provide a Statewide Forum for the exploration of the issues of Child Abuse and Neglect.
2. To maximize interdisciplinary communication as well as communication between the professional and lay communities of Indiana concerned with child protection.
3. To develop strategies for future coordinated programming targeted to families-at-risk.

The purpose of this report is to reflect the highlights of the Governor's Conference, and to provide for the reader some measure of the comprehensive multi-disciplinary framework within which the conference was cast. As participants have returned to their respective communities and professions any lasting impact of these two days will be better measured by the transformation of innovative program ideas into concrete local action. That Indiana is indeed a caring community, concerned for the safety and wellbeing of its children is now an irrefutable fact — but our collective work has just begun!

Co-chairmen
Mary Jo Mozingo
Margaret Moore Post
August 1, 1977

Post Script, August 17, 1977

Brian Fraser, Executive Director of the National Committee for the Prevention of Child Abuse has announced that Indiana is being invited to become the second State to affiliate with his organization. (The Kansas Chapter was recently established.) Thus, in the near future the Indiana Chapter, National Committee for the Prevention of Child Abuse will help provide coordination of professional and citizen programs.

OPENING SESSION

State Showcase Presentations

The Conference opened on June 12 with "A Look at Four Community Programs" with presenters showcasing Indiana-based programs. Two basic criteria for program selection were used—

(1) That the Community programs should reflect the broad demographic range of Indiana.

(2) That programs to be showcased should represent differential levels of development.

Summaries of the four presentations follow.

Child Abuse and Neglect Coordinating Organization of St. Joseph County (CANCO)
1411 Lincolnway West
Mishawaka, Indiana 46544

Presenters: Jackie Goldrick, Coordinator
Edward A. Gergesha, M.D.
Chairman

What is CANCO?

CANCO is a community organization with the goals of *identifying* the needs of the community in providing child protection, *planning* a comprehensive program that will meet those needs, *coordinating* existing services and agencies to better utilize resources already available, and *implementing* new and innovative programs.

When Did CANCO Originate?

Interested community persons began meeting together for the purpose of planning a comprehensive child protection program in October of 1973. This was the beginning of CANCO. Until September, 1975, CANCO operated solely on volunteer time, effort, etc. In September, a two year grant was received from a local service organization (Junior League), which enabled CANCO to hire a part-time coordinator, and full-time secretary, and to purchase some training and educational materials. In March 1977, CANCO received a Title XX Contract from the State Department of Public Welfare to provide parents counseling to prevent or remedy child abuse and neglect. This contract required that the CANCO Coordinator go full-time, and that a counselor and lay therapist be hired.

Where is CANCO?

CANCO serves St. Joseph County, Indiana. St. Joseph County is an urbanized community of 245,000 persons located in North Central Indiana. South Bend, Indiana, with a population of 130,000 is the major city within a sixty mile, seven county region and serves as the major manufacturing and commercial center.

How Does CANCO Utilize Volunteers?

Eight program components were implemented by using professional and lay volunteers. These components are the Diagnostic and Consulting Team, Parents Anonymous, Speakers Bureau and In-Service Training, Parent Surrogate, Research and Evaluation, Legal, Emergency Placement Center, and Welcome Baby. In 1976, 4,038 people were served with an in-kind contribution from volunteers of $53,000. (It is extremely important to document in-kind contribution provided by volunteers when in search of funding.)

How Do You Recruit, Screen and Train Volunteers?

CANCO has used the news media, speakers bureau and local service organizations for recruiting volunteers. Currently, CANCO has over 150 active volunteers. A written application, personal interview, and reference follow-up is required for each volunteer. When the initial screening is completed, the volunteer is asked to successfully complete one of CANCO's four five-hour training programs conducted in the Fall, Winter, Spring, and Summer. Further intensive training is required for some of the program components.

Project Children, Quinco Consulting Center
2075 Lincoln Park Drive
Columbus, Indiana 47201
(Serving Bartholomew, Brown, Decatur, Jackson, Jennings Counties)

Presenters: Thomas Setcik, ACSW
Project Director

Nancy J. Ormsby
Community Education Coordinator

Project Children traces its origin to the concern of one person for one abused child in Bartholomew County in 1971. This concern stimulated activities which exposed the lack of services to abused children and their families, aroused concerned others to action, and ultimately resulted in the formation of the Bartholomew County Child Abuse Council in March, 1974. In November 1974, through the efforts of the Council and Quinco Consulting Center (a comprehensive mental health facility serving Bartholomew, Brown, Decatur, Jackson and Jennings Counties), a coordinator was hired to develop and coordinate a five-county child protection program.

Project Children is housed within Quinco Consulting Center, is funded by the Center's Federal Grant to Children's Services, and has a staff of

two, the Coordinator, Thomas R. Setcik, and a Community Education Coordinator, Nancy J. Ormsby.

The program is designed with a sensitivity to the strengths and weakness of the rural area which it serves (population 142,000, 61% rural). Program components include: Public Education and awareness; professional training and Policy development; Parent-Aide Program using trained volunteers; hospital based crisis intervention teams; Effective Parenting Classes; Education for Parenthood Courses in Junior and Senior High Schools; Agency Consultation; and individual and family counseling.

The purpose and goals of Project Children focus on improving the delivery of appropriate services to abused and neglected children and their families through a cooperative, coordinated, and multi-disciplinary approach. This approach, with community involvement and support, has allowed Project Children to have both a positive effect upon the local communities and a significant impact upon the problem of Child Abuse and Neglect in the region.

Marion County Child Abuse and Neglect Coordinating Council

% Edythe Richardson, Social Work Coordinator, Bureau of Community Health Nursing
Division of Public Health, Marion County Health and Hospital Corporation
1760 City-County Building, Indianapolis, Indiana 46204

Presenters: Patricia Smith
Coordinator

Edythe Richardson
Chairman — Program Task Force

The Child Abuse and Neglect Council of Marion County is an example of the kind of effort that can be coordinated in an urban setting. The Council has a volunteer membership of public and private agencies and local citizens working in the area of abuse and neglect. The Board of Directors is comprised of agency directors and organizational representatives authorized to make policy decisions. The general membership is organized around five task forces. This body does the majority of the Council's work. The task forces are as follows: Community Education, Program Services, Coordination, Legal, and Volunteers. Through task force efforts (with Board approval) the following programs have and or are being implemented:

- Speakers Bureau.
- Volunteer recruitment, training and placement in agencies working with child abuse/neglect.
- Legislative Forum.
- Special Interest Seminar.
- The development of a county-wide multi-discipline team for acute abuse cases.

- The development of hospital mini-teams.
- The development of a county-wide multi-discipline team for assessment of chronic abuse and neglect cases.
- The development of a manual containing policies and procedures of local child abuse agencies.

The council has been in operation two years and grew out of the efforts of two existing interest groups. It has no funding base for operations and has relied in the past on the commitment of organizations and individuals to donate time and material. During the last year the Board has incorporated the Council as a not-for-profit entity and prepared a membership schedule as follows:

$25 for an agency membership

$ 5 for an individual membership

Both speakers stressed the importance of involving the local welfare department in all efforts of county-wide coordination. Such issues as diminishing "turfism" "varying levels of commitment" and "diversified interest" were candidly discussed along with possible resolutions. The presentation clearly pointed out that one does not need to wait for a large grant to start a community project and that while progress may be slow at first, what seems impossible can happen!

Child Abuse and Neglect Program
Elkhart County Child Health Society
214 1/2 W. Marion Street
Elkhart, Indiana 46514

Presenters: Darryl Abbott, Coordinator

Ruth Gattman, Education Chairman, Child Health Society Board

Pat Swihart, Volunteer Resources Chairman

In 1973 a study was made in Elkhart County by several members of the County Medical Auxiliary to determine the extent of child abuse and what was being done to deal with the problem. The Department of Public Welfare compiled statistics for the year of 1973 which revealed there were some 238 cases of suspected child abuse and neglect involving some 600 children. As a result of this study, the community became concerned and the Human Services Planning Division of the United Way appointed Mr. Charles V. Owens, Jr. a vice-president at Miles Laboratories to head a special task force to: (1) investigate the seriousness of the child abuse problem and coordinate existing resources in the community dealing with child abuse, (2) educate the community and professionals about the dynamics of child abuse, (3) implement new treatment programs for children and parents, (4) seek federal, state or local funding for a community child abuse program. There were some 30 persons from throughout the county asked to serve on the task force representing the medical community, schools, law enforcement, courts, mental health, welfare

department and concerned citizens. The task force was unable to secure federal or state funding, but did receive many contributions from local organizations that helped in setting up new programs. During the two years that the task force was in existence the following programs were developed: Parents Anonymous, Parent Aides, Speaker's Bureau, Community Diagnostic and Consultation Team, and a Quarterly Newsletter. In September 1976, the Child Abuse and Neglect Task Force was disbanded and the Child Health Society assumed responsibility for the program.

In early 1976 the Child Abuse and Neglect Task Force approached the Child Health Society Board about their assuming responsibility for the child abuse program. The Child Health Society, a United Way Agency has been in existence for many years providing a well baby clinic. The Child Health Society Board agreed to coordinate the child abuse program and added several former task force members to their board of directors. The Child Health Society submitted their budget to United Way for 1977 which included a position for Child Abuse Coordinator.

In February 1977 Mr. Darryl Abbott was hired by the Child Health Society Board to be the Coordinator of the Child Abuse and Neglect program in the county. Prior to assuming the Coordinator position, Mr. Abbott was Supervisor of the Protective Service Unit at the Elkhart County Department of Public Welfare.

As a result of the many volunteers who served on the Elkhart County Child Abuse and Neglect Task Force, many helping programs have already been implemented in our community. All of the programs now underway were implemented by *volunteers*. The task force existed on the contributions of many community organizations who believed in and supported the Child Abuse Program.

CONFERENCE BANQUET

Keynote Speaker

Eli A. Newberger, M.D.
Director of Family Development Studies
Children's Hospital Medical Center
Boston, Massachusetts

Reactor Panel

Presenters: The Honorable J. Brandon Griffis, Jr.
Judge, Wayne Superior Court I

John E. Heiny, Director
Allen County Department of Public Welfare

Reverend Daniel R. Huff, Member
Indiana House of Representatives

David R. Walters, Ph.D.
Associate Professor
Department of Forensic Studies
Indiana University

Susan Whittaker
Supervisor, Services to Families and Children
St. Joseph County Department of Public Welfare

Dr. Morris Green, Professor and Chairman, Department of Pediatrics, Perry W. Lesh, Professor of Pediatrics Indiana University School of Medicine, and Physician-in-chief James Whitcomb Riley Hospital for Children, introduced Dr. Eli Newberger, the keynote speaker. Dr. Newberger is Director of Family Development Studies, Children's Hospital Medical Center at Boston, and assistant Professor of Pediatrics at Harvard Medical School. He is a pre-eminent leader in this field and has authored a number of authoritative articles. To better understand his goals in the Family Development Studies, Dr. Green read from a statement delineating the hopes and aspirations, and goals of this group headed by Dr. Newberger. "The Family Development Study is working toward a better classification of childhood social illness in order to foster understanding of what shall be necessary to better promote child health. To see what makes some families strong while others are disorganized. In order to help the development of effective nurturing units for children, to focus on that which in childhood augers well for competent and responsible adulthood and to refine our understanding of what helping services — health, day care, social services, parent education, advocacy and psychological treatment do for families whose children's lives are in danger from their own nurturing settings. The emphasis of the study is on health rather than on disease, on family strength rather than on family disintegration, and on the relationship between help and the development of adequate parenting, rather than on the relationship between treatment and the symptoms of parental dysfunction."

If a formal title had been given to Dr. Newberger's address, it would have been "Building Bridges."

Dr. Newberger stated he was very pleased with this interdisciplinary meeting which included social workers, physicians, psychologists, teachers, nurses, clergy, attorneys, law enforcement agencies, volunteers, and interested persons.

He asked that we understand not only the deep feelings of affection and closeness to children, but also those feelings of enormous anger that everyone has from time to time and this is quite normal. It's by understanding what it is, that enables individuals to cope with their angry feelings and helps them to protect their children from the consequences of their normal angry feelings.

Child abuse could be described as a problem where the parents' capacity to protect a child has failed. There is no single stereotype of the abusing parent. There is need to understand the reasons which make parents' abilities to protect their children less than they should be, and then to provide the helpful resources which enable them to function adequately as parents. Child abuse is an old problem; however it was not officially called to our attention until 1962 when Henry Kempe and his colleagues at the University of Colorado Medical Center did so, and child abuse reporting statutes were initiated.

It doesn't matter whether the parents set out to intentionally harm a child or to withhold needed care and protection from a child, but rather concerns the parents' ability to protect the child. Our first impulse upon discovering abuse or neglect is to separate the child from the parents. One of the big problems is that entirely too many children are going into foster home care with no consideration of the many other ways in which families can be safely kept together. This can be done through a variety of supports delivered by different professional and non-professional people, but often communication is difficult. Helping services include social services, counseling regarding children's development, parenting skills, day care services, homemaker services, health care, psychiatric services, public health nursing services. They all contribute to good protective service work. Barriers to communication between disciplines are the fact that those involved are in different locations and where professional ethics often places constraint on communication. However it is imperative to establish and maintain communication links with other persons to be able to bring the services to families whose children are in jeopardy. The hope of this conference, and others like it, is to create a framework for communication and for future planning.

He pointed out that child abuse is not a phenomenon of poverty. It occurs in all strata of society, but is frequently called by other less stigmatizing terminology. Dr. Newberger deplores the labeling of neglect and abuse. The practice in his hospital is to try to establish a helping relationship with the family rather than to fix blame and ask "who did it" questions which alienates the parent. Our work is to provide other adults to more

effectively nurture their offspring. When we focus only on the child, we lose the parent

When the parent tells a preposterous story of the injury, it is difficult to prevent becoming enraged, but to do so could alienate an isolated parent from ever establishing a helping relationship with anyone else. Isolation is virtually universal in cases of child abuse and neglect, and what one tries to do in all of one's diagnostic and therapeutic encounters is to establish what Kempe and Helfer have so aptly called a "life line" to the abusing parent. When parents give an unbelievable explanation of the injuries, it is usually due to denial which is a device used by everyone. It's a way of holding ourselves together in times of stress and crisis. This human defense needs to be acknowledged in child abuse and neglect cases, and is one of the most important reasons why an interrogatory diagnostic approach should not be taken, but rather think in terms of building bridges to someone who might not be able to talk openly with you at that point about what's going on.

He advised that persons working with the problems of abuse and neglect should not at all be discouraged with work in this field, which as we know can burn out people very quickly. Emphasis was placed on using the right tools not only to remedy abuse and neglect, but also to prevent it from occurring. He estimated that 90% of the families with whom we work, children may be safely kept in their homes with adequate professional services. However, presently, around the country, there is nowhere an adequate commitment of resources, nor is there an adequate respect for workers in the child welfare professions, particularly social workers.

He praised this meeting bringing together the various disciplines to build an adequate communication system, but stressed that we have some very important boundaries to overcome before we can make for effective practice. We not only need to build bridges with other professionals but also with other people who can provide supports in addition to ours to help families where children are in jeopardy. He closed with a favorite quote from the late Abraham Maslow who commented in a discussion about psychiatric treatment that, "If the only tool you have is a hammer, you tend to treat every problem as if it were a nail." He expressed the thought that all of us have different tools, which adequately marshalled and shared, can lead to a better shape for parents and children.

The reactor panel was led by Judge J. Brandon Griffis, Jr., Wayne County, Superior Court I, representing the juvenile court system. He agreed with Dr. Newberger that the courts should be used sparingly in abuse and neglect cases, and that the child should be returned to his family if at all possible. However, he did point out that if there were to be removal of a child from his own home, the court would have to be involved which would necessitate hard evidence regarding the parents' involvement with the child. He advocated that the decision as to whether the work with the parents would be on a voluntary basis, or whether it would be through legal channels be made at an early time. This presents some

conflict; inasmuch as the priorities are first to gather evidence and then to establish rapport with the family. Mention was made of the fact that Indiana still operates on a 1945 Juvenile Code. Although it's being studied for revision, it will probably be several years before a new law will be enacted. He cited two tentative features which would be helpful in the area of abuse and neglect. One would have to do with an evidentiary shift of burden when a report is received which is medically inconsistent with the injuries of the reported child. The other proposed feature will be a better definition of a child in need of service. However, he pointed out that although adoption of the new code will be helpful, it will not remove the problem.

Dr. Newberger reacted by pointing out that if criminal action were initiated against the parents and the case was lost, the ability to protect the child is also lost. He urged a closer working relationship and better mutual understanding between the medical profession and local courts and judges.

John Heiny, Director of Allen County Department of Public Welfare, presented the dilemma of the social workers who prefer to work with the children in their own homes; however, due to the severity of the child's injuries together with the public's reaction may feel it necessary to remove the child, at least temporarily. Emphasis was placed on the fact that when an error is made, in whichever action is taken, it's not the doctor, judge, nor lawyer who is blamed, but rather it's the social worker. He closed by challenging all of the conference participants to go home, build bridges, spend more time in working with the child and his family in their own home, and not be in fear of being criticized if "we don't win them all."

Susan Whittaker, Supervisor, Services to Families and Children, St. Joseph County Department of Public Welfare, remarked that she had attended a number of conferences about abuse and neglect where the emphasis had been on how to prove child abuse, or how to successfully prosecute a parent. She praised the tone of this conference because of the stress of directing our efforts toward keeping children with their families. She pointed out that we receive criticism when children are not removed from their own homes, but neither do we succeed when children are removed.

In spite of frustrations in their county, there is a multidisciplinary team which staffs cases with the objective of leaving the child at home whenever possible. Roadblocks have been encountered, one of which is the legal system and the other of convincing people in the community that the goal was actually to keep children with their families. The family's attorney has said, "Don't talk to those social workers." She sees the need to build some communication links with the community to let them know what the concerned agencies are trying to do in protecting children and families. She ended by throwing out the question as whether society can do a better job of rearing children than their own parents.

Rev. Daniel R. Huff, member of the Indiana House of Representatives, spoke as a legislator pointing out some of the problems which have been confronting them — how do you define failure to thrive, or neglect? Indiana has reached a point in the budgetary process where there are insufficient funds to do all the things we would like to do, and it is a difficult matter to make decisions as to the amounts allocated to the various state agencies.

Dr. David R. Walters, Associate Professor, Department of Forensic Studies, Indiana University, cited the fact that the problem of abuse is treated very well by emergency nurses and other nursing personnel and by physicians. The problem area is in treatment by the other disciplines. One of the major roadblocks is financial, in that nationwide 86% of all child welfare funds are going into foster care which leaves only 14% for actual treatment. He deplored case loads of 50 and over. In order to meet costs, he urged that the perpetrators of abuse pay all or part of foster care; not as a punitive response, but rather that anyone in any treatment dimension should be tied to the consequences of his own behavior. He recognized the pressures put upon legislators and the taxpayers' reaction to paying increased taxes. However, he made the cogent statement that an effective Indiana program for treating child abusers would cost roughly the same as a quarter mile of interstate highway. It is his belief that children represent America's greatest minority. They are politically and economically disenfranchised — the only minority group against whom we may legally do violence. Therefore, it is incumbent upon all of us professionals to be as militant about Indiana's children as we are about interstate highways.

EARLY BIRD WORKSHOP

"Treatment of Sexual Abuse"
David R. Walters, Ph.D.
Associate Professor
Department of Forensic Studies
Indiana University

(Note: More than 335 conference-goers attended this Workshop/Breakfast, which convened at 7:00 a.m. June 13 — a testimony to the intense interest and dedication of conference participants.)

Dr. David R. Walters opened his workshop on the sexual abuse of children with three statements: (1) Few (less than 10%) of sexual abusers are mentally ill — 90% or more are socially ill. (2) The responsibility for identifying and treating most cases of sexual abuse should rest with local departments of public welfare. (Dr. Walters later pointed out that in order to be effective, Department of Public Welfare Protective Services Workers should not be required to work with long-term neglect clients, nor maintain a caseload of over 25). (3) The responsibility to prove or disprove the accusation of sexual abuse should not rest with the child, and that polygraph testing, if used, should be confined to the suspected abuser.

Dr. Walters then discussed the following 11 different types of sexual

abuse and emphasized that the abuser is usually not a stranger to the child, but is a family member or close friend of the family:

1. **Natural incest** — This is a bloodline relationship which includes categories of immediate family, such as father-daughter, mother-son, father-son, mother-daughter. Some of the points to look for in this triadic relationship are the massive need to control on the part of the father, and extreme dependency needs on the part of the mother.
2. **Sibling incest** — This is an evolutionary process which involves brothers and sisters, and often reflects the problems of the parents. For example, in some families with an alcoholic father, a mother infrequently at home, parents who may be abusive, siblings are drawn together, to meet each others dependency needs.
3. **Family Incest** — This is involved along matrilineal or patrilineal lines, such as uncle-niece, aunt-nephew. Some people also include cousins and neighbors/close friends who assume a quasi-family status.
4. **Stepparent Incest** — This involves a stepfather/stepdaughter or stepmother/stepson. Some people now include mother's boy friend or father's girl friend.
5. **Geriatric Sexual Abuser** — This type of sex abuse presents a measure of senility and social disability, usually involving an aged relative. This often creates guilt on the part of the parents, for having placed the child in such a vulnerable situation.
6. **Amoral Sex Abuser** — This type of abuser has never internalized the sexual values and code of the American society we share.
7. **Pansexual** — This is a rare male phenomenon in which the person suffuses everything with sexual meaning.
8. **Mentally Ill Sex Abuser** — This category involves less than 10% of all sex abuse.
9. **Sexual Crossover** — In this category the person combines sexual abuse with physical abuse of children and is basically a sadomasochistic behavior.
10. **Victim precipitated Sex Abuse** — This category represents a very small percentage of cases.
11. **Other Types of Sexual Abuse** — This category includes sexual abuse by teachers, foster parents, youth leaders, as well as those instances in which a parent may become sexually involved with a child for educational reasons.

In speaking of intervention and treatment, Dr. Walters stated that the primary goal is to protect the child and prevent further abuse. The focus of treatment should also include medical attention for the child, if necessary, specificity to determine exactly what occurred, and a treatment plan involving the entire family.

Dr. Walters both encouraged and challenged his audience to become more innovative in the area of treatment for the abusive family as well as advocates for the child victims.

WORKSHOPS

Ten concurrent workshops tailored to the broad multi-disciplinary interests of the conference attendees were held during the morning of June 13. Eight Workshops were repeated; however, two Workshops were continued through t the morning. Individual workshop reports follow:

I Comprehensive Emergency Services to Children

(Two Sessions -- repeated)

Presenter: Marcia Roe, Field Program Specialist
National Center for Comprehensive Services to Children
Nashville, Tennessee

Moderator: Lucille De Voe, Director
Division of Child Welfare-Social Services
Indiana Department of Public Welfare

Marcia Roe presented an explanation of the beginnings and the continuing operation of Nashville, Tennessee's Comprehensive Emergency Services to Children program. The Service has now become a permanent part of the social services to children and families in Nashville in that public funding, from the state, provides support so it no longer is in the Project stage. There are five components to their plan:

- Twenty-four hour emergency intake
- Twenty-four hour emergency caretakers
- Twenty-four hour Homemaker Services
- Twenty-four hour foster homes willing to receive a child any time during night or day
- A shelter facility for adolescents

All case decisions are made by the caseworker assigned to 24 hour duty, as to the emergency plan to be followed (compensatory time is allowed for time worked on off-duty hours and intake workers rotate) and counseling out-reach services are provided in every case, as follow through. A caseload constitutes 30 cases. Emphasis is placed on social services response rather than law enforcement response and work with parents is particularly emphasized.

Within a time span of 2 years petitions for removal of the children from the home have been reduced by 56% and the number of children who were able to stay in the home, because of the Comprehensive Services, has been increased by 50%. Annual dollar savings in the most recent year, were $17,000.

II Legislation — An overview with current national trends

(Two Sessions — repeated)

Presenters: Phil Fox, Ph.D
Associate Director
Child Abuse and Neglect Project
Education Commission of the States
Denver, Colorado

Brian Fraser, JD, Executive Director
National Committee for Prevention of Child Abuse
Chicago, Illinois

Moderator: Stephen F. Burns
Attorney, Indianapolis

Dr. Phil Fox discussed some of the national legislative trends relating to child abuse and neglect. These trends include:

1. Broadening the base of child abuse reporting requirements. All 50 states require the reporting of child abuse; however the trend now is to expand the reporting requirements originally limited to physicians to all persons. (The present Indiana law states that "it shall be the duty of any person who has reason to believe the child has had physical injury inflicted upon him other than by accidental means by a parent or other person responsible for his care to report such information to the county department of public welfare or the proper law enforcement agency."
2. Broadening base of conditions to be reported. 48 States now also mandate report of child neglect. Wisconsin and Indiana are the two remaining states which do not presently require the mandatory reporting of child neglect.
3. Sexual molestation as a reportable condition.
4. Emotional abuse, psychological injury (usually result of abuse and neglect). The Federal Child Abuse and Neglect Prevention Treatment Act (PL 93-247) has called for the inclusion of emotional abuse in reporting statutes; however legislators have shown little interest based on their belief that emotional abuse is difficult to define.
5. Penalties for failing to report. These tend to make persons failing to report civilly liable rather than criminally liable. (Indiana statute provides for such a penalty.)
6. Establishment of the concept "Child Protection Team" a cooperative multidisciplinary approach to treatment.
7. Values of Society regarding children — These are moving toward recognizing children's rights.

Brian Fraser pointed out that legislators tend to react rather than initiate, and to respond to those who vote for them. The law must address these steps required to resolve a case: identify, investigate, intervene. It is essential that abusive behavior be recognized early, before serious injury or death of child occurs.

Mr. Fraser presented the following views regarding child abuse laws:

1. Law should name specific professions required to report, as well as inclusion of "all other persons".
2. Persons should be required to report when there is reasonable cause to believe abuse or neglect has occurred, or is likely to occur.
3. Reports should go to Protective Services Agencies. This provides a non-punitive, therapeutic milieu, with trained persons identifying abuse/neglect as well as providing needed services. In assessing a reported abuse situation the Protective Services Agency must determine: whether child had been abused; whether child and family can make it; availability of appropriate treatment plan.
4. Law should provide for the use of multi disciplinary Child Protection Teams.
5. Law should include immunity (both civil and criminal) for those who report in good faith.
6. Law should provide for abrogation of the privileged spousal communications, as well as the physician patient privilege.
7. A Central Registry is essential.

III Title XX Impact on Protective Services

(Two Sessions — repeated)

Presenters: Judith Harper, Director
Warrick County Department of Public Welfare

Susan Whittaker, Supervisor
Services to Families and Children
St. Joseph County Department of Public Welfare

Moderator: Brian Bosworth, Assistant Director
Division of Child Welfare-Social Services
Indiana Department of Public Welfare

Brian Bosworth updated the workshop participants on the status of Title XX in Indiana, specifically in the area of Child Welfare, and the impact that Title XX has had on the delivery of social services at the county level, specifically with County Departments of Public Welfare.

As a direct result of Title XX county welfare departments statewide have realized increased staffing of approximately 13 Child Welfare Supervisors, 55 Child Welfare Caseworkers, and 17 Homemakers whose primary responsibility is in the abuse and neglect area. Mr. Bosworth also discussed the potential that can be realized through utilization of Title XX funds in the area of contracting with local providers of service to increase the population of recipients served, and the availability of service.

Services that can be purchased which are instrumental in the delivery of Protective Services include counseling services, social, psychological, psychiatric or physical diagnostic evaluation, prognostic activities, providing treatment services including alternative and supportive ac-

tivities, designed to alleviate the causes of the problem, or to strengthen the family unit.

Judith Harper, Director of Warrick County Department of Public Welfare, a small rural county in southwestern Indiana, described the impact of Title XX in that county. Basically, the impact has been limited in regard to expansion of service delivery, due to the limited resources available in that community. However, Title XX is advantageous as a funding source, which can free up local dollars previously expended for Child Welfare — related services. These dollars can potentially be utilized to develop other service areas.

Susan Whittaker, Supervisor of Services to Families and Children, St. Joseph County Department of Public Welfare shared her county's experience with Title XX. CANCO (Child Abuse and Neglect Coordinating Organization) of St. Joseph County has a Title XX contract to provide several components instrumental in the delivery of Comprehensive Protective Services, specifically diagnostic and counseling of certain protective service situations. Clients receiving these Title XX services through CANCO must be referred by the County Department of Public Welfare. Coordination between these two agencies is of utmost importance, as the county department has responsibility for the delivery of protective services.

This workshop dealt with the impact of Title XX on Protective Services realistically. Discussion which was generated indicated that in smaller communities where resources are limited, Title XX's major impact has been as a funding source, which has freed up local dollars to be utilized in different service areas, and also in some county departments, additional staff may have been hired in the Child Welfare area.

In communitites with many service providers, Title XX has increased the availability of services for recipisnts of protective services.

IV Parents Anonymous

(Two Sessions — repeated)

Presenters: Marilyn, Pam, and Debbie
Members of Parents Anonymous

Moderator: Shirley Wilkinson, ACSW
St. Francis Hospital
Beech Grove

The workshop on Parents Anonymous was moderated by Ms. Shirley Wilkinson, sponsor of a Parents Anonymous group, with participants Marilyn, Pam and Debbie, members of Parents Anonymous from Marion County chapters.

Miss Wilkinson laid the basis for the discussion by the parents in terms of delineating factors all abusing parents feel. In our society, all parents are supposed to love their children; therefore, it is difficult for parents to

admit they have any negative feelings toward their children. Also, they are fearful that if they do mention these bad feelings, removal of their children will follow.

Jolly K was the originator of Parents Anonymous. She feared she would kill her six year old child. When counseled by a perceptive social worker, she found she was not all bad, but did need help and that other parents needed help with this problem as well. The individuals in the group would have anonymity, they would share experiences with persons who would be non-judgmental; gain acceptance; learn that others had the same problems, that they were not isolated, different, nor all bad. As one mother put it, "In the Parents Anonymous group I could talk about things that I wouldn't tell my closest friend." Tremendous relief is felt through ventilation and acceptance by the group which could be said to act as surrogate parent. Each chapter has a professional sponsor, who is not paid by Parents Anonymous. In addition to social workers, teachers, nurses and other professionals have served. Their role is relatively passive with their major involvement being that of a consultant.

The sponsor can give insights as to normal child development in order that parents can measure whether they are expecting too much of their children. Members have learned their own needs must be met before they can give to their children; that understanding should come as to cause and effect of behaviors; and to recognize manipulation by their children—to understand the "game".

For the most part, the mothers learned about Parents Anonymous through television or radio public interest announcements. They have a hot line available on a 24 hour basis, and a member is always available to listen and counsel with a parent who is fearful he is about to physically abuse his child. That parent is then invited to become a part of a group. One of the first things pointed out is that abnormal behavior, the physical abuse of the child must stop. A substitute should be found for venting anger, for example, beating on a pillow, slamming doors, or breaking dishes. To benefit, parents must admit the problem and be willing to accept help, understand their emotions and use them constructively. Parents build their feeling of worth in the group when they experience the telling of their problems and all others listen; therefore, they are important because these persons have demonstrated a willingness to give their time and attention to that individual. Stress is placed upon taking one step at a time, one day at a time. Cure will not be immediate.

Parents Anonymous members are desirous of reaching out to other parents with the problem of abuse. New chapters are formed to make it easier for individuals to attend. Volunteer babysitters are usually available. They use all media, but primarily neighborhood newspapers to tell about their program and its goals. A speakers' bureau will provide a member to talk before groups such as PTA, church circles, or other organizations. They are limited in the scope of their work due to finances. The local chapters' primary fund raising project is the sale of popcorn. Their telephone is their greatest expense. The only help received from the National Parents Anonymous are packets available to

interested individuals giving guidelines on how to start a Parents Anonymous chapter. They had submitted a request to a local foundation for funds; however, they were denied. With the advent of a paid regional professional, local chapters anticipate assistance which will enable them to be more effective.

Although chapters have a predominately female membership, there is some male involvement. Single parents probably predominate. Their groups feel they can help pregnant women, prior to the child's birth, as well as help couples decide whether they can be adequate parents. They have worked successfully with involuntary referrals from courts, welfare departments, as well as with parents currently incarcerated.

Parents Anonymous holds to the theory that the group dynamics of persons with negative feelings about their children, whether it be expressed through physical or verbal abuse, can be assisted in this problem area if they are sufficiently motivated to receive and use the help of this organization.

V Role of Physicians Hospitals

(Offered as a two-part series.)

Session "A" — Overview

Session "B" — Program Specifics

Presenters:
Morris Green, M.D.
Professor and Chairman, Department of Pediatrics
Perry W. Lesh Professor of Pediatrics
Indiana University School of Medicine
Physician-in-Chief,
James Whitcomb Riley Hospital for Children

Peggy Petranoff, R.N.
Assistant Administrator Nursing Service Director
Bloomington Hospital

Lorain Will, ACSW
Social Services Department
Methodist Hospital
Indianapolis

Moderator: Edward A. Gergesha, M.D.
South Bend Clinic
South Bend

Dr. Morris Green — Major changes in children's hospitals are coming in the next 10 years with more innovative treatment. More and more hospitals will identify the vulnerable parents. We will begin to identify the strengths of the hospital, children and parents — as well as their weaknesses. The shift is to prevention.

We have well child checkups. I think we will be hearing more about the well family. Most of the serious diseases affecting children are social in nature. We'll see tremendous changes on the focus on parents in hospitals. There is a need to identify parents at risk at the pre-natal point. To

miss a parent at risk is *inexcusable*. Very few physicians are here at this conference today, and that's got to change.

We must become interested in how the young mother grew up. Ask how daughters are reared today. High self-esteem? Low? Mother's health is related to abuse. A child cannot thrive if the mother is depressed.

Support systems — we are interested in them. Intervention — some people have trouble trusting others. People are ambivalent in seeking or accepting help. As a physician, I am impressed by how frequently grief reaction is not being mastered. If carrying a baby at the same time with grief it is difficult to raise that child.

Emphasis in the hospital has been on infants. At Riley 80 people working on infant life and death situation.

We still have a pioneer situation where the mother feels she must manage somehow, and we just let her manage. We are developing advances in technology for caring for the baby. Just developing are psychological-social techniques in recognition of the fact that ¼ of premature underweight babies are born to adolescents under 16, frequently with drug and alcohol problems.

Parents and children must be treated as individuals, not as people. Superb care is always individualized.

Lorain Will — At Methodist Hospital a mini team is developing a protocol, particularly trying to develop a flow chart. Represented on the team are pediatricians, child psychologists, hospital administration, emergency, nursing, social service, Marion County Welfare Protection service. We adopted the best model we could find, the one used at Riley. We chose Riley as a model because it is really wonderful and took care of some of the gaps we have.

Riley admits the child (who appears to have been abused) and they worry about it later. Whether parents concur or not, they admit the child. Best service a child can be given is to admit him. It's for his protection.

Peggy Petranoff — Bloomington Hospital's Parenting Program is an innovative program designed to provide new parents with the opportunity to discuss their concerns in small group meetings.

In-hospital obstetric patients and their spouses are invited to join evening group meetings held twice weekly. Professionals representing the social work, educational, and mental health fields volunteer their services to lead these groups. A male-female team has been most effective. New parents are encouraged to discuss such topics as sharing parenting tasks, finding time to be together, sibling rivalry, post-partum depression, problems of working mothers.

In addition to these in-hospital group sessions, there is a monthly session, led by a married couple (both in helping professions). Meetings are open-ended and emphasize couple integrity.

Initial acceptance of the Parenting Program is positive, and it is believed that by offering supportive services to all new parents, the hospital can facilitate primary prevention of child abuse and neglect.

VI Role of Public Health Professionals

(Two Sessions repeated)

Presenters: William D. Province, M.D.
Health Officer
Johnson County Health Department

Rosemary Denny, R.N.
Public Health Nurse
Hancock County Health Department

Edythe Richardson
Social Work Coordinator
Bureau of Community Health Nursing
Division of Public Health
Marion County Health and Hospital Corporation

Corinne Reutebuch, R.N.
Hawley Army Hospital
Fort Benjamin Harrison

Moderator: Geraldine Wojtowicz, R.N.
Director, Division of Nursing
Indiana Board of Health

The goal of this workshop was to provide participants with guidelines for the development of a coordinated public health approach to child abuse and neglect prevention and treatment.

The major program areas identified were (1) development and implementation of a CAN program within the local public health department and (2) participation on an interdisciplinary community CAN team.

The role of the public health professional includes identification and reporting of suspected CAN cases, recording case notes which will be needed for court cases, referral to other community resources and case follow-up, prevention, and treatment.

Public health professionals are in a unique position to identify and to work with families-at-risk since all families within an assigned geographic area are their potential clients. Many of these families are actual clients with whom community nurses have established a relationship and for whom they are already meeting individual and family needs.

By nature of their specific training and skills, community nurses have the expertise, for example, to identify failure-to-thrive caused by inadequate parenting, abuse and neglect. Moreover, they are able to assist parents in providing more adequate health care and parenting for their children. Follow-up hospital care was also identified as another specific activity related to child abuse prevention and treatment.

In summary, CAN prevention and treatment requires interdisciplinary involvement. Public health professionals have unique roles which are complimentary to other professional and community resources concerned with families.

VII Role of the Court/Law Enforcement

(Offered as a two-part series.)

Session "A"—Overview

Session "B"—Program Specifics

Presenters: The Honorable Thomas K. Milligan
Judge, Montgomery Circuit Court
Crawfordsville

Rett F. Donnelly, Attorney
Advocate for Child Protective Services
St. Joseph County Department of Public Welfare

Ron Thomas
Chief of Police
Seymour Police Department

Sergeant Hilton Cancel
Indianapolis Police Department
Director, Indianapolis-Marion County Victim Assistance Program

Moderator: David W. Bahlmann
Director of Youth Services
Indiana Lawyers Commission

The first session was an overview of child abuse as it involves the court. Speakers were David W. Bahlmann, Judge Thomas R. Milligan and Rett Donnelly, an attorney and representing the St. Joseph County Department of Public Welfare.

Mr. Bahlmann was the first speaker and presented a historic overview of the problem. He started by discussing the first reported court case which was held in New York City over 100 years ago. He explained that the case was lost because there were no child abuse statutes. It was refiled under the cruelty to animals statutes and won. In 1899 the Juvenile Court system was developed and the concept of neglected and abused children was accepted. Moving through the history he discussed the advances made in 1962 and 1963 when Dr. Kempe developed the battered child concept, a philosophy which had an impact on the medical field and promoted treatment models which included the entire family.

From that point, he discussed the emergence of the Family Court and its role in treatment. This was followed by a discussion of the Indiana legislation of 1965 which required doctors to report suspected cases of child abuse. In 1971 the medics encouraged legislation which required every person suspicious of child abuse to report it to the authorities.

The next major legislation came in 1974 when the Congress passed the National Child Abuse and Treatment Act. This act created a grant pro-

gram which provided federal funds to states which qualified. The provisions of this act included the following:

a) the creation of the National Center on Child Abuse and Neglect

b) the creation of an information clearing house with emphasis on prevention and treatment

c) the development of training materials

d) the development of technical assistance programs to help localities

e) research and study of the incident, causes and treatment of neglect and abuse

f) grants for training child abuse workers

This was followed by a brief discussion of the treatment mechanism found in most communities. It involves: (a) intake, (b) adjudication (trial) and (c) disposition.

Judge Milligan took the rostrum and discussed the Indiana law and the definition of child abuse. He stated that the Indiana law provides a wide latitude for service to the child because it specifies that any person may submit information on abuse or neglect. He continued by discussing intake which he described as the follow-up on an inquiry or complaint by the authorities. He stated that after intake the court has three alternatives: (a) to disregard the complaint, (b) to handle the complaint informally, (c) to proceed in court. In discussing adjudication he stated that it was a court process which took into consideration (a) how the child was injured, (b) if the child had been receiving proper care, (c) if the child has been living in a proper place, (d) if the living conditions are injurious to the child's health and morals.

In his discussion of problems encountered in reaching decisions, he indicated that it was often difficult to arrive at a "balance of interest." He explained by saying that people (parents) have a right to live their lives and the child has the right not to be abused. The judge must find the balance. He further stated that it is necessary to weigh each case according to life styles and patterns so that intent might be recognized. He suggested that we not permit our values to conflict with good judgment. He further stated that the court and the social workers supplying information to the court must have the courage to "call the shots as we see them." Each person involved must have the courage of his conviction.

He then discussed the disposition. He stated that the goal is to "work out the problems" in such a way the child would be kept in the family. If that isn't possible the court depends on the DPW to recommend (a) foster home, (b) a group home, or (c) an institution.

Mr. Donnelly discussed the attorney's role in child abuse hearings. He reiterated the goal of keeping a child in its own home or returning a child to his home. He described a court setting as an adversary situation and stressed the need to establish good working relations between the police, the social workers, the prosecutor and the court. He also included comments about the contract between the abusing parent(s) and the court, and suggested that it must be manageable (realistic).

In the second session the workshop stressed the role of the police officer. Chief of Police Ron Thomas (Seymour, Indiana) discussed the training of law enforcement officers to detect abuse. He believes that training should teach the officer how to report situations, how to recognize abuse and the information to be gathered to get prosecutions. Some of the points included in his presentation were: (a) that most abusers do not want to accept the policeman's intervention role and that the officers are usually met with hostility. To combat this situation he encourages programs which teach policemen to understand individual differences and life styles; (b) that people, including social workers, must understand that police officers have the responsibility and authority to take children who have injuries or appear to be abused out of the home and that there should not be interferences—the officer must appreciate his power and not abuse it; (c) that the police officer must often initiate the investigation. Such investigation includes getting photographs and statements and submitting them to the prosecutor as soon as possible. He should also notify the DPW of the abuse situation and when requested, testify in court. He stated that policemen should recognize that the social worker has the responsibility of determining if the case should be prosecuted—He left the group with a question, "If you prosecute, how do you rehabilitate?"

Officer Hilton Cancel of the Indianapolis Police Department confined his remarks to the need for more and sustained cooperation between the DPW, social work agencies and the police. He stated that each often acts without notifying the others and that they often fail to share evidence.

The workshop participants all agreed that everyone has a role to play if child abuse is to be controlled and that we must work together.

VIII Role of Mental Health Professionals

(Two Sessions — repeated)

Presenters:
Charlotte Salinger, ACSW
Mental Health Center
Fort Wayne

Joan Truitt, Ph.D.
Director of Community Education Services
Katherine Hamilton Mental Health Center
Terre Haute

Robert Wolosin, Ph.D.
Mental Health Center
St. Joseph County

Moderator:
Thomas Sefcik, ACSW
Director
Project Children
Quinco Consulting Center

The early morning session of this workshop focused on three topic areas: the advocacy role of the psychiatric social worker (Charlotte Salinger); the psychologist's role in child abuse with respect to testing and research

(Dr. Robert Wolosin); the role of prevention oriented mental health professionals (Dr. Joan Truitt).

Ms. Salinger highlighted the changing emphasis of the social worker profession. Focus was then placed upon the advocacy role of a clinical social worker within a mental health center and also within the community. Other areas of interest that were focused upon were: consultation service to protective agency (DPW); initiating and facilitating communication between community agencies and organizations; case advocacy in Court; and systems change through legislation.

Dr. Wolosin's main focus was upon research and evaluation. Dr. Wolosin discussed briefly a research report of male versus female abusers that was conducted through the CANCO program in Mishawaka, Indiana. Dr. Wolosin stated that this report suggests that the male abuser "is almost a classic profile of the man in a mid-life crisis." Dr. Wolosin then proceeded to discuss the assessment of need for program planning and assessment of caseload. He further went into evaluation, the criteria for program evaluation, kinds of evaluation (prospective versus retrospective) and also building evaluation into the plan, i.e. individual, program, and agency.

Dr. Truitt focused on the preventative thrust in community mental health centers. Dr. Truitt discussed the following questions: What is prevention? Who provides preventative services? When do preventative services happen? Where do preventative services occur? How do preventative services develop/stand/survive? Each of these questions was later applied to child abuse and neglect programs.

In the late morning session, a role playing session was conducted with a child protective team. The purpose of this type of setting was to highlight the benefits of a multi-disciplinarian approach to child abuse and neglect.

IX Role of Schools/Pre-Schools

(Two Sessions — repeated)

Presenters:

Cecelia Davis, R.N.
School Nurse
Brown County School Corporation
Nashville

Marilyn V. Mabry, State Attendance Officer
Consultant for School Social Work
Pupil Personnel Services
Indiana Department of Public Instruction

Mamie Townsend, Director
Auntie Mame's Child Development Center
Indianapolis

Moderator: Nancy J. Ormsby
Community Education Coordinator
Project Children
Quinco Consulting Center
Columbus

The large attendance at this workshop by educators, social workers, and health-care providers demonstrated the concern and interest as to the present and future role and responsibility of schools pre-schools in child abuse neglect.

The format of the workshop provided for a free interchange of concerns and information regarding a number of issues; e.g. detection, reporting procedures, confidentiality, inter-agency cooperation, etc. Discussion centered around the need for statewide School Policy on suspected child abuse in order to provide for a more standardized and effective approach to dealing with the problem.

An audio-visual training program for educators was shown to acquaint the audience with the role of school teachers in child abuse neglect, and the importance of specific training programs to assist them in carrying out their responsibilities.

It was brought out in discussion that private and pre-schools have been somewhat overlooked in regard to their particular needs and problems in handling suspected cases of abuse. Noted, too, was the fact that appropriate and effective efforts at the pre-school stage could do much to ameliorate or prevent child abuse neglect.

In summary, education plays a vital role in detection reporting; providing supportive programs to meet the needs of the maltreated child; and through the inclusion of education for parenthood courses in Junior or Senior High School curriculum.

X Role of the Volunteer

(Two Sessions — repeated)

Presenters: Sally Cramer, Volunteer
Project Children
Quinco Consulting Center

Jan Petty
Family Services Association
Indianapolis

Nell Souers, Director
Young Mothers Council of Indiana
Garrett, Indiana

Jeannie Lesser,
Jane Aplin,
Lou Widner
Volunteers,
Young Mothers Council of Indiana

Moderator: Linda Kolb
Executive Director
Governor's Voluntary Action Committee

Three model volunteer programming approaches were presented to participants during the workshop session. They include:

I. Young Mothers Council Service is a program for young mothers with support resources for the enrichment and enjoyment of family life. It is sponsored by the American Mothers Committee, Inc., whose purpose is to strengthen the moral and spiritual foundation of the home; to recognize the role of the mother in the home, and the community; and in all facets of the program to emphasize and encourage the importance of the home and family life through mothers meeting in small study discussion groups.

II. Project Children - Parent Aide Program was developed to assist the professional in working with the identified parent. The philosophy behind the concept of the Parent Aide or surrogate parent is that a common need has been identified with the parents who have abused their children — a need for love, nurturing, support and guidance. The focus of the parent aide is upon the parent rather than the child. The child should reap the benefits of the relationship between the parent and the parent aide.

III. The Family Services Association has developed a volunteer effort patterned after the Project Children-Parent Aide Program. The focus of this presentation was the orientation for volunteers. Session objectives included:

1. To inform volunteers of the history and philosophy of the program
2. To discuss the role of the parent aide
3. To present basic information on the dynamics of child abuse
4. To enable volunteers to be able to identify a "high risk" case
5. To enable volunteers to identify symptoms and signals that might indicate abuse
6. To develop skills in crisis intervention
7. To obtain information about stages of development and needs of child at each state
8. To experience needs of the child so as to help parents understand child's needs
9. To learn the art of the helping relationship
10. To learn the focus of treatment
11. To identify the needs of parents

STATE LUNCHEON

Address:
The Honorable Otis R. Bowen, M.D.
Governor of Indiana

More than 530 persons heard the presentation of a major address by the Honorable Otis R. Bowen, M.D., Governor of Indiana at the State Luncheon held on June 13. Other members of the Executive Advisory Committee to the Governor's Conference who attended this session were:

William T. Paynter, M.D., Commissioner
Indiana Board of Health

William E. Murray, M.D., Commissioner
Indiana Department of Mental Health

Harold H. Negley, Ph.D., State Superintendent
Indiana Department of Public Instruction

Wayne A. Stanton, Administration
Indiana Department of Public Welfare

Chaplain C.T. Boyd, Indianapolis Police Department offered the invocation.

Deputy Mayor Bruce B. Melchert, represented Mayor William H. Hudnut, Indianapolis.

The complete text of Governor Bowen's speech follows:

THE SUBJECT OF OUR TWO-DAY CONFERENCE IS CHILD ABUSE. WE MEET, SHARING TO LEARN HOW EACH OF US CAN BETTER . . . MORE EFFECTIVELY . . . DEAL WITH THE VERY REAL, TOO-OFTEN HORRIFYING, PROBLEM OF THE ABUSE OF OUR CHILDREN.

MOST OF US APPROACH THE SUBJECT OF CHILD ABUSE WITH A CONFUSED SET OF EMOTIONS, THOUGHTS AND CONCERNS. WE ARE DEEPLY AND SINCERELY INVOLVED.

WE SEEK DESPERATELY TO FIND WAYS TO COMBAT THIS PROBLEM.

WE ARE TOTALLY REPULSED BY THE SENSELESS REALITY OF HELPLESS CHILDREN BATTERED AND ABUSED BY THOSE WHO BROUGHT ABOUT THEIR LIFE, OR BY THOSE WHO ARE RESPONSIBLE FOR THEIR REARING.

WE ARE ANGRY. . . WE ARE DETERMINED TO STOP THIS MINDLESS ATTACK ON OUR CHILDREN . . . WE ARE FRUSTRATED, AND DON'T QUITE KNOW WHERE TO TURN, OR WHAT TO DO.

WE ARE A PART OF A SOCIETY GROWN USED TO SURE-FIRE AND FINAL ANSWERS. WE ARE USED TO STEPPING UPON THE MOON, BECAUSE WE SET OUR MIND TO DO IT. . . TO SHATTERING RECORD AFTER RECORD, SIMPLY BECAUSE SOME HAD

THOUGHT MEN TO BE UNASSAILABLE . . . TO MASS PRODUCE SOLUTIONS TO PROBLEMS OF THE MASSES.

AND BECAUSE OF THIS ASPECT OF OUR SOCIETY, WE TEND TO SMOLDER A BIT WHEN WE CONFRONT A PROBLEM — LIKE CHILD ABUSE — THAT SEEMS TO PLAGUE US YEAR AFTER YEAR . . . GENERATION AFTER GENERATION.

I AM AFRAID THAT THERE IS NO ONE-SHOT SOLUTION TO AMERICA'S CHILD ABUSE PROBLEM. PASSING A LAW BY ITSELF WON'T DO IT. . . . BACKING UP THAT LAW WITH WELL-STAFFED AGENCIES WON'T DO IT EITHER. THE END OF CHILD ABUSE IS GOING TO TAKE MUCH MORE THAN TIGHTLY DRAFTED LAWS AND SMOOTHLY FUNCTIONING AGENCIES. IT'S GOING TO TAKE SOMETHING OF YOU . . . SOMETHING OF EVERY PARENT AND SOMETHING OF EVERY CHILD-RESPONSIBLE INDIVIDUAL . . . AND IT'S GOING TO TAKE SOMETHING OF THE WAY OUR SOCIETY OPERATES AS WELL.

FOR YOU AND FOR ME IT'S GOING TO TAKE SOLID AWARENESS, AND ACTION. EACH OF US MUST BACK UP OUR ADULT ROLE BY CONTINUOUSLY BEING SENSITIVE TO OUR RESPONSIBILITIES OF CHILD REARING. AND WE DO THIS BY FULLY REALIZING THAT THESE RESPONSIBILITIES ARE ONLY CENTERED AROUND OUR OWN CHILDREN. THEY DO NOT BEGIN AND END WITH THEM. EVERY ADULT HAS A CHILD-REARING RESPONSIBILITY. THIS IS BECAUSE WHAT WE ARE, AND WHAT WE DO, TOUCHES THE LIVES OF IMPRESSIONABLE CHILDREN WHETHER THEY ARE OURS OR THOSE OF ANOTHER.

I HAVE SPENT A SIZEABLE CAREER AS A FAMILY PHYSICIAN, A PROFESSION SHARED BY MANY IN THIS ROOM TODAY. A PHYSICIAN QUICKLY LEARNS THAT HE OR SHE TREATS PEOPLE — NOT JUST THEIR ILLS OR THEIR TRAUMAS. BY THE NATURE OF OUR VERY PROFESSION, EVERY PHYSICIAN HAS A FIRST-LINE DEFENSE ROLE AGAINST CHILD ABUSE. DOCTORS MUST BE FULLY AWARE OF THIS CHILD ABUSE RESPONSIBILITY, AND THEY MUST BE WELL-BASED IN TARGETING THE PROPER ASSISTANCE WHEN THEY CONFRONT INSTANCES OF SUSPECTED CHILD ABUSE.

DOCTORS MUST KNOW WHAT STATE LAWS DEMAND OF THEM . . . AND THEY MUST KNOW WHAT TYPES OF ASSISTANCE ARE AVAILABLE IN THEIR COMMUNITY TO HELP THE ABUSED CHILD.

LAW ENFORCEMENT AGENCIES AND LAW ENFORCEMENT OFFICERS MUST NOT OVERLOOK THEIR PROPER RESPONSIBILITIES TO THE ABUSED CHILD BY CHALKING UP SERIOUSLY DETERIORATING DOMESTIC SITUATIONS AS ONE OF LIFE'S "LITTLE SOAP OPERAS" THAT HAVE NO PLACE IN THE AFFAIRS OF A REAL POLICE DEPARTMENT.

JUDGES MUST ALSO LOOK HARD INTO THE HOME SITUATION . . . LITERALLY INTO THE EYES OF THE CHILD AS WELL AS INTO

THE PAGES OF COURT REPORTS, IF THEY ARE TO PROPERLY DO THEIR PART.

AND EVERY ADULT MALE AND FEMALE NEEDS TO SEE TO THE SUFFICIENCY OF THE LAW . . . AND THE EFFECTIVENESS OF THE PUBLIC AGENCIES THAT ENFORCE THEIR LAWS . . . AND TO THE QUALITY OF PUBLIC COOPERATION THAT GIVES THE LAW AND THE LABORS OF THE AGENCY ANY HOPE OF WORKING.

AS HOOSIERS, WE ARE PERHAPS MORE FORTUNATE THAN MOST AS WE BEGIN TO CONFRONT THE CHILD ABUSE PROBLEM. OVERALL, OUR EXISTING FRAMEWORK OF CIVIL AND CRIMINAL LAW IS ESSENTIALLY SOUND. IT IS A GOOD PLACE TO BEGIN. CERTAINLY BETTER THAN INDIVIDUALS IN MANY OTHER STATES HAVE.

AT THE PRESENT TIME THERE ARE ABOUT 250 FULL OR PART-TIME COUNTY WELFARE DEPARTMENT CASEWORKERS SHARING RESPONSIBILITY FOR CHILD PROTECTIVE SERVICES, ADOPTIVE AND FOSTER CARE. THAT'S NOT NEARLY ENOUGH TO DEAL ADEQUATELY WITH THE SITUATION, BUT, LARGELY THROUGH INDIANA'S TITLE XX INITIATIVES, IT IS MUCH, MUCH BETTER THAN JUST A FEW YEARS AGO.

ONLY APPROXIMATELY SIXTEEN OF INDIANA'S NINETY-TWO COUNTY WELFARE DEPARTMENTS HAVE IDENTIFIABLE SPECIALISTS OR UNITS WHOSE PRIMARY FUNCTION IS TO PROVIDE PROTECTIVE SERVICES FOR BATTERED AND ABUSED CHILDREN BY-AND-LARGE, THESE COVER OUR MOST HIGHLY URBANIZED AREAS, AND THOUGH THEY SEEM FEW IN NUMBER, THEY DO REPRESENT COVERAGE OF A SIGNIFICANT PORTION OF OUR OVERALL POPULATION.

BUT IF WE ARE GOING TO DO THE JOB — AND THAT'S WHY WE ARE ALL HERE AT THIS CONFERENCE — WE ARE GOING TO HAVE TO HAVE A MORE SIGNIFICANT PORTION OF OUR WELFARE EFFORT TARGETED AT THE CHILD ABUSE PROBLEM, AND THAT'S GOING TO TAKE A BETTER LAW, AND A BETTER LEVEL OF SUPPORT FOR THE ADMINISTRATION OF THAT LAW.

CHILD-ABUSE LEGISLATION HAS BEEN DEBATED HEAVILY OVER THE LAST FEW SESSIONS OF OUR LEGISLATURE. SOMETIMES THAT DEBATE HAS BEEN HEATED, EMOTION-CHARGED, AND CAST IN A LIGHT OF PARENT'S RIGHTS VERSUS SOCIETY'S POLICIES.

BUREAUCRACY COULD PERHAPS FIND NO AREA WHERE ITS EFFORTS ARE MORE INAPPROPRIATE THAN IN THE FIELD OF CHILD RAISING. YET AT THE SAME TIME, I CAN SEE NO PARENT EVER HAVING BEEN EXTENDED A "RIGHT" TO BATTER, TORTURE, OR ABUSE CHILDREN WHO LIVE WITHIN THEIR RESPONSIBILITY.

A PROPER BALANCE CAN BE STRICKEN, AND REASONABLE MINDS CAN STRIKE THAT BALANCE.

BUT JUST AS I SAID AT THE OUTSET THAT THIS WAS A JOB LARGER THAN ANY LAW OR ANY SINGLE AGENCY, NONE OF US MUST LEAVE THIS CONFERENCE WITH THE MISTAKEN IMPRESSION THAT ALL WE HAVE TO DO IS TO PASS A LAW, AND OUR WORK WILL BE ACCOMPLISHED. WE MUST ALSO BEGIN TO PAY SOME PRETTY THOROUGH-GOING ATTENTION TO THE PRESSURES WITHIN OUR LIFE, TIMES AND SOCIETY THAT MAY CONTRIBUTE TO CHILD ABUSIVE BEHAVIOR.

IF WE ARE REALLY GOING TO GET AT THE CAUSE AS WELL AS TREATING THE SYMPTOMS OF CHILD ABUSE, WE ARE GOING TO HAVE TO GET INTO AN UNDERSTANDING OF THE PRESSURES OUR SOCIETY PLACES UPON PARENTS, AND CHILD-REARING FAMILIES — AND DETERMINE HOW THOSE PRESSURES MAY CONTRIBUTE TO ABUSIVE BEHAVIOR. WE ARE ALSO GOING TO HAVE TO TAKE A BIT OF A LOOK AT THE PLACE WE HOLD IN OUR SOCIETY FOR THE FAMILY ITSELF, AND FOR THE IMPORTANCE OF CHILD REARING IN AN ATMOSPHERE OF RESPECT, CONSIDERATION AND LOVE.

TRULY EACH OF US HAS A ROLE. EACH OF US HAS A PART TO PLAY AND A RESPONSIBILITY TO FULFILL. OUR ROLE IS THAT OF AN ADULT, AND THAT RESPONSIBILITY IS THE ENDURING ONE OF ASSURING THE FUTURE OF OUR KIND. NEITHER THAT ROLE NOR THAT RESPONSIBILITY CAN BE FULFILLED BY PEOPLE WHO CLOSE THEIR EYES TO THE PROBLEMS OF CHILD ABUSE OR FAIL TO LIFT A HAND TO STOP IT FROM OCCURRING.

I WISH YOU WELL IN YOUR CONFERENCE, AND I HOPE OUR EFFORTS WILL BEGIN TO ATTAIN THE TYPE OF RELIEF WE ALL SEEK.

THANK YOU.

OTIS R. BOWEN, M.D.
GOVERNOR, STATE OF INDIANA

REGIONAL PLANNING SESSIONS

Seventeen regional planning sessions provided conference participants the opportunity to discuss the various issues relating to the coordination and delivery of services for the prevention and treatment of child abuse and neglect in their own communities. The geographic groupings for the regional workshops of the Governor's Conference on Child Abuse and Neglect were reflective of the Indiana planning regions established by the Indiana Planning Services Agency and utilized for social service planning by the Indiana State Department of Public Welfare.

Mrs. Otis R. Bowen, Honorary Chairman presented the following challenge to the Conference Summary Session:

From all of the regional and workshop overviews, I am very pleased to note that this conference has developed along the lines I had hoped for and that is, "a coming together" of all people who work on child abuse. In my many appearances over the state, I have heard of the individual work in communities, and I felt strongly that you should share these programs and then discuss how they can be used in your area and together come up with plans that are workable state wide.

I feel we have an excellent base to start on with this conference and urge you to continue with the goal of sharing ideas and working together on this problem.

Reports of identified needs/goals by each region follow:

Region 1A

Lake Porter

Chairman — Charlotte Goldstein

1. Promote the development of coordinated protective services system.
2. Public Education program to increase public awareness about the problem of child abuse.
3. Promote new child abuse legislation.
4. Promote inter-agency training of personnel involved in protective services.

Region 1B

Jasper Pulaski
Newton Starke

Chairman — Jennifer Hippensteel

1. Promote the coordination of services to abused children and their families.
2. Promote the inter-agency training of personnel involved in protective services.
3. Rural areas lack supportive social services for the prevention and treatment of child abuse.

4. Promote new child abuse legislation to strengthen immunity provisions.
5. Promote pre-natal and post-partum education for parents.

Region 2

Elkhart	Marshall
Kosciusko	St. Joseph
LaPorte	

Chairman — Barbara Rockaway

1. Coordination and improvement of social services to abused children in rural communities.
2. Promote the expansion of CANCO of St. Joseph County and the Child Abuse and Neglect Program of Elkhart County.
3. Public Education program to increase public awareness about the problem of child abuse.
4. Promote family living courses in the public schools.
5. Promote the establishment of Parents Anonymous and volunteer programs.

Region 3

Adams	Noble
Allen	Steuben
DeKalb	Wells
Huntington	Whitley
Lagrange	

Chairman — Jo Ann Nygaard

1. Public Education program to increase public awareness about the problem of child abuse.
2. Promote the expansion of Project SCAN.
3. Coordination of social services to abused children and their families.
4. Promote training of agency personnel involved in protective services.

Region 4

Benton	Montgomery
Carroll	Tippecanoe
Clinton	Warren
Fountain	White

Chairman — David Ling

1. Development of multi-disciplinary teams.
2. New child abuse legislation should be written to strengthen the immunity provisions.
3. Improvement of communications among local agencies providing services to abused children and families, however regional coordination could bring more problems than solutions.

4. Public education to increase public awareness about the problem of child abuse.

Region 5

Cass	Miami
Fulton	Wabash
Howard	Tipton

Chairman — Eleanor Stein

1. Need multi-disciplinary team.
2. Promote inter-agency training of personnel involved in protective services.
3. Public Education programs to increase public awareness about the problem of child abuse and reporting procedures.
4. Promote the development of Parents Anonymous and other volunteer programs.
5. Promote new child abuse legislation.

Region 6

Blackford	Jay
Delaware	Madison
Grant	Randolph
Henry	

Chairman — Mildred Palmer

1. Promote the development of multi-disciplinary teams.
2. Public Education program to increase public awareness of the problem of child abuse and the procedures for reporting abuse cases.
3. Promote inter-agency training of personnel involved in protective services.
4. Development of Regional Child Abuse Coordinating Council.

Region 7

Clay	Sullivan
Parke	Vermillion
Putnam	Vigo

Chairmen —
Joan Truitt, Ph.D. and Tom Sullivan

1. Public education program to increase public awareness about the problem of child abuse.
2. Improvement of communications and coordination among local agencies providing services to abused children and families.
3. Organization of Parents Anonymous Groups.

Region 8

Boone
Hamilton
Hancock
Hendricks
Johnson
Marion
Morgan
Shelby

Chairman — Ann Hulett

1. Improve public awareness about the problem of child abuse through the Marion County Child Abuse and Neglect Coordinating Council.
2. Coordination of social services to abused children and their families.
3. Promote new child abuse legislation.

Region 9

Fayette
Franklin
Rush
Union
Wayne

Chairman — Judge J. Brandon Griffis, Jr.

1. Promote the development of multi-disciplinary diagnostic and consulting teams. Small communities however have special problems because of the lack of available supportive social services. The Comprehensive Mental Health Center could possibly provide supportive services in rural areas.
2. Promote new child abuse legislation.
3. Public education to increase public awareness of the problem of child abuse.
4. Promote training of agency personnel involved in protective services.

Region 10

Monroe
Owen

Chairman — Betty K. Mintz

1. Improve coordination of services to abused children and their families.
2. Promote new child abuse legislation.
3. Public Education program to increase public awareness of the problem of child abuse.
4. Promote inter-agency training of personnel involved in protective services.

Region 11

Bartholomew
Brown
Decatur
Jackson
Jennings

Chairman — J. Henry Blessing

1. Promote the expansion of Project Children (Quinco Consulting Center) into all counties of the region.

2. Promote new child abuse legislation.
3. Improve coordination of services to abused children and their families.
4. Promote community education programs to increase public awareness about the problem of child abuse.
5. Promote inter-agency training of personnel involved in protective services.

Region 12

Dearborn
Jefferson
Ohio
Ripley
Switzerland

Chairman — Walter Rieman

1. Need multi-disciplinary team in each county.
2. Development of a regional multi-disciplinary team to work with county team.
3. Public Education program to increase public awareness of the problem of child abuse and the procedures for reporting abuse cases.
4. Expansion of Dearborn County Hospital Project SCAN on a regional basis. A hospital based child abuse treatment program may be more viable in rural communities than community based programs.

Region 13A

Daviess
Greene
Knox
Lawrence
Martin

Chairman — Bernard Kirsch

1. Public education program to increase public awareness about the problem of child abuse.
2. Lack of supportive social services in rural counties for the treatment of abused children and families.
3. Education of professionals (physicians, nurses, school personnel) regarding their responsibility of reporting child abuse cases.

Region 13B

Gibson
Pike
Posey
Vanderburgh
Warrick

Chairman — Joan David

1. Development of a central registry for reporting of child abuse cases in tri-state area.
2. Promote the development of multi-disciplinary team effort by utilizing all regional community services available and a concerted effort on the part of all agencies to coordinate services to abused children and families.
3. Public education program to increase public awareness about the

problem of child abuse and to inform the public of treatment services available for families in crisis.

Region 14

Clark
Floyd
Harrison
Scott
Washington

Chairman — Gordon Railey

1. Promote Community Education programs to increase public awareness about the problem of child abuse and reporting procedures.
2. Promote inter-agency training of personnel involved in protective services and increase County Department of Public Welfare protective services staff.
3. Promote the development of child care centers.
4. Promote development of Parents Anonymous.

Region 15

Crawford
Dubois
Orange
Perry
Spencer

Chairman — William Buckman

1. Promote the coordination of services to abused children and families.
2. Promote the development of child care centers and other supportive social services.
3. Promote inter-agency training of personnel involved in protective services.
4. Promote volunteer programs and Parents Anonymous.
5. Promote community education programs to increase public awareness about the problem of child abuse and reporting procedures.

To summarize, participants in the regional planning sessions of the Indiana Governor's Conference on Child Abuse and Neglect identified four major program areas which should be promoted by the sponsoring state agencies to improve protective services for abused and neglected children of the State of Indiana. These are:

1. A public education program to increase public awareness about the problem of child abuse.
2. New Child Abuse legislation.
3. Inter-agency training of personnel involved in protective services.
4. The development of inter-agency multi-disciplinary diagnostic and consulting teams consisting of County Department of Public Welfare, medical personnel, psychiatric personnel and representatives of law enforcement agencies.

Additionally, participants identified supportive social service needs of

their particular regions such as the need for emergency shelter care, intermediate foster care, organization of Parents Anonymous groups, and day care centers.

ACKNOWLEDGMENTS

The Indiana Governor's Conference on Child Abuse and Neglect was the product of many minds, and many "willing hands". The listing of official conference committees which appears on the next page is quiet testimony to the dedicated efforts of these persons. The sustaining interest of Mrs. Otis R. Bowen, Honorary Chairman, was especially rewarding.

Special appreciation must go also to the following volunteers who represented the Marion County Medical Auxiliary: Mrs. Robert Pierce, Mrs. Robert Rudesill, and Mrs. William Ragan.

Generous grants from the Midwest Parent-Child Welfare Resource Center, University of Wisconsin-Milwaukee, the Education Commission of the States, Denver, Colorado, and Lilly Endowment, Incorporated, Indianapolis enabled the conference planners to produce an outstanding program at minimal cost to conference attendees — thereby assuring the broad based attendance deemed essential for this first Statewide meeting. The Indiana State Department of Public Welfare also provided essential conference support through the use of Title IV B Federal Child Welfare Service Funds.

Conference attendees responded enthusiastically to the large variety of Child Abuse and Neglect resource materials which was available in large quantities at no charge. In addition to those materials provided by the Education Commission of the States, Midwest Parent-Child Welfare Resource Center, and community projects within the State, the Office of Child Development, Health Education and Welfare provided a generous supply of child abuse and neglect resource materials. The Midwest Parent-Child Welfare Resource Center also provided three films on Child Abuse which were shown informally to Conference attendees.

Consultation to the Conference Committee was provided by Adrienne Haeuser, Janet Stenlund and Tom Bell from the staff of the Midwest Parent-Child Welfare Resource Center and by C. D. Jones and Phil Fox, Child Abuse and Neglect Project, Education Commission of the States.

Program participants from within the State, as well as a number of nationally recognized speakers helped to provide a stimulating and caring conference environment.

Mailing addresses of Program Participants may be secured by contacting:

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